



CAT SURRENDER APPLICATION

Humane Society Silicon Valley offers pet surrender services as space and resources allow. Our primary role in the community is to save the lives of animals at risk in local municipal shelters, therefore, we ask that you only consider surrendering your pet to our shelter as a last resort. If you feel you have exhausted all other options, please complete this form as thoroughly as possible and send back to us via the contact info on the last page. Thank you for your consideration!

Reservations and Proof of Current Vaccinations are Required Once we receive the completed application and proof of vaccinations (Rabies, FVRCP) we will contact you within 48 hours to review the information and discuss your options and next steps. Please do not bring your pet to the shelter without an appointment, as drop-in's will not be accommodated.

YOUR CONTACT INFORMATION

Your Name: _____ Primary phone: _____
E-mail: _____ Alt phone: _____
Address: _____ City and Zip: _____

DESCRIPTION OF YOUR CAT and BASIC HISTORY

Cat's Name: _____ Age: _____ Sex: Male Female Spayed/Neutered?: Yes No

Breed/Color: _____ Is your cat microchipped? No Yes Chip #: _____

Why do you need to give up your cat? _____

If you have a time limit, please tell us the date you need to surrender by: _____

If we could help you resolve the issue, would you consider keeping your cat? Yes No Maybe

Relinquishing your pet to an animal shelter should be a last resort, what have you already done to try and find your cat a new home? _____

Does your cat have a tendency to bite or scratch? Yes No If yes, does it break skin? Yes No

If yes, under what circumstances: _____

Has your cat bitten anyone and broken skin in the **last 10 days**? Yes No

If yes, what were the circumstances: _____

How long have you owned your cat? _____

If this is not your cat, who owns this cat? _____

Including yours, how many homes has this cat had? _____

Where did you get your cat?

- Breeder Friend or Relative HSSV (when did you adopt?): _____
- Pet Store Advertisement Another Shelter / Rescue (which one?): _____
- Born at home Found stray Other: _____

FAMILY ENVIRONMENT

Please describe the human family members that your cat has **lived** with (*check all that apply*):

- Adult Men Adult Women Senior Citizens Children (*what ages*): _____

Did your home have children as visitors on a regular basis?

- Yes No

If yes, what were the ages of the children: _____

Describe your cat's behavior around children (*check all that apply*):

- Friendly/playful Gentle Nervous / frightened Unpredictable
 Ignores or indifferent Roughhouses Actively avoids children Never been around children
 Other (*please explain*): _____

Would you recommend placing this cat in a home with children?

- Yes No

If no, please explain: _____

Please check all the animals that your cat has **lived** with (*check all that apply*):

- Male cats Rabbits Birds Dogs (*what kind*): _____
 Female cats Farm Animals Reptiles Small Animals (*what kind*): _____
 Other: _____

If your cat lives with other cats, how many are in the household? _____

Describe your cat's behavior around other cats (*check all that apply*):

- Adores other cats Friendly/playful Frightened Aggressive with all cats
 Ignores or indifferent Bossy Cause this cat stress Aggressive with unfamiliar cats
 Good with some cats Roughhouses Avoids other cats Never been around other cats
 Other (*please explain*): _____

Would you recommend placing this cat in a home with other cats?

- Yes No

If no, please explain: _____

Describe your cat's behavior around dogs (*check all that apply*):

- Never been around dogs Friendly/playful Bossy Frightened of dogs
 Ignores or indifferent Roughhouses Stressed by dogs Aggressive toward dogs
 Other (*please explain*): _____

Would you recommend placing this cat in a home with dogs?

- Yes No

If no, please explain: _____

HOME ENVIRONMENT

Where does your cat live?

- Indoors only Inside mostly Inside and Outside equally
 Only outside with supervision Outside and in garage Outdoors only

How many hours of a **typical** day is your cat home alone (*check one*):

- None, someone is always around Less than 1 hour 1-5 hours
 5-10 hours 10+ hours Lived outdoors, never been inside
 Other (*please explain*): _____

How would you describe your household (*check one*)?

- Active, busy, and/or noisy Average Calm and/or quiet

Does your cat ever have any "bathroom accidents" (check all that apply):

- Never Occasionally Only if litter box is dirty
 Sometimes Regularly Daily

Other (please explain): _____

How many litter boxes are provided for your cat? _____

No litter box, cat does its business outside

ACTIVITIES, PLAY and BEHAVIOR

Would describe your cat as (check all that apply):

- Friendly and outgoing Active Feisty Anxious and/or nervous
 More like a dog than a cat Playful Vocal / Talkative Shy
 Rambunctious Fearless Independent Shy only with strangers
 Affectionate Friendly to visitors Aloof A scaredy cat
 Lap cat Lazy Spiteful Solitary

Other (please explain): _____

Does your cat (check all that apply):

- Use a scratching post Like being groomed Bite or chew playfully Hide from other cats
 Walk on a leash Like being held Hunt rodents/birds Fight with other cats
 Meow a lot Sleep on bed with people Play fetch Scratch drapes
 Chew on plants Drool when pet Climb drapes Scratch carpeting
 Like catnip Jump on counters Pounce from above Become very active at night

Describe how your cat likes to play (check all that apply):

- Gently – no teeth or claws Fetches toys and/or small items Rough – may bite or scratch in play
 Likes mouse toys and/or balls Likes hide and seek Likes to chase and pounce
 Likes crackly things (ex. paper bags) Learns tricks for treats Chases bugs / moths
 Likes feather wands or pole toys Likes playing with other cats Not much interest in playing

Other (please explain): _____

Are there any places on your cat's body that s/he does not like being touched, brushed or petted? Yes No

If yes, please explain where: _____

What does your cat do when it has had enough petting (check one)?

- Walks away Growls, scratches, and/or bites Too much petting, what's that!

Other (please explain): _____

How does your cat react to visitors and/or strangers in your home (check all that apply)?

- Immediately curious of visitors Hides, but soon comes to say hi Hides, does not come out while there
 Indifferent, goes about normal activity Avoids, but goes about normal activity Rarely have visitors in my home

Other (please explain): _____

Is your cat afraid of anything (check all that apply)?

- Loud noises Vacuum Broom
 School aged children Babies and/or toddlers Unpredictable children
 Strangers / Unfamiliar people Unfamiliar cats Unfamiliar dogs
 Dogs Cars Anything new or different

Other (please explain): _____

What does your cat do when afraid: _____

Does your cat have any bad habits or "quirks"? Yes No

If yes, please explain: _____

Does your cat know any tricks or commands? Yes No

If yes, please explain: _____

HEALTH, DIET and GROOMING

Name and Phone # of your cat's veterinarian: _____

Approximate date of last visit: _____ Reason for visit: _____

How does your cat react to seeing the veterinarian (*check all that apply*):

- Loves it Tolerates it Hates it
 Behaves aggressively Has never seen the vet

What brand of food does your cat eat? _____

How often does your cat eat? Once a day Twice a day Always available Other: _____

Does your cat eat: Wet food only Dry food only Combination

Is your cat declawed? Yes-Front Yes-Back Not declawed If yes, when was your cat declawed? _____

Has your cat ever been diagnosed or treated for any of the following by a veterinarian (*check all that apply*):

- | | | |
|---|--|---|
| <input type="checkbox"/> Urinary blockage | <input type="checkbox"/> Ringworm | <input type="checkbox"/> Upper respiratory infection / conjunctivitis |
| <input type="checkbox"/> Digestive problems | <input type="checkbox"/> Ear mites | <input type="checkbox"/> Urinary tract infection |
| <input type="checkbox"/> Broken bone(s) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Kidney or liver problems | <input type="checkbox"/> Compulsive grooming | <input type="checkbox"/> Tumors and/or Cancer |
| <input type="checkbox"/> Required surgery | <input type="checkbox"/> Flea allergies or skin problems | <input type="checkbox"/> None, my cat has always been healthy |
| <input type="checkbox"/> Other illness / condition: _____ | | |

Does your cat require any medications or a special diet? _____

Is your cat accustomed to (*check all that apply*):

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Brushing / combing | <input type="checkbox"/> Nail Trimming |
| <input type="checkbox"/> Ear cleaning | <input type="checkbox"/> Medicating | <input type="checkbox"/> Other: _____ |

Has your cat ever been kenneled/boarded at a:

- Private Boarding Kennel Veterinarian Animal Shelter Never been boarded

If yes, how did your cat react to being kenneled / boarded? _____

OTHER

What makes your cat the happiest? _____

What upsets your cat the most? _____

What else should we know about your cat so we may find it the *best* home?

Thank you for taking the time to fill out this application, this information is key to helping us help you and your pet. Please send this completed form to:

HSSV Intake Department

e-mail (preferred): intake@hssv.org

Fax: (408)262-2131

Mail: 901 Ames Ave. Milpitas, CA 95035

Questions? Please contact (408)262-2133 x110